Revision: ATTACHMENT 2.6-A HCFA-PM-91-4 (BPD)

AUGUST 1991

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OMB No.: 0938

State: North Carolina

Citation Condition or Requirement Effective Date of Eligibility 42 CFR 11. 435.914 a. Groups Other Than Qualified Medicare Beneficiaries (1)For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. Aged, blind, disabled. Χ See page 24a. AFDC-related. X Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. Aged, blind, disabled. AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: Aged, blind, disabled. Χ See page 24a. AFDC-related. X Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied. Aged, blind, disabled. AFDC related.

|--|

Applies to individuals who have no excess income or resources.

Medically Needy Aged, Blind and Disabled and Medically Needy AFDC-related individuals with excess income become eligible on the day that excess income is spent down.

AFDC related individuals and Medically Needy aged, blind and disabled individuals with excess resources become eligible on the day that resources are reduced to the resource limit.

HCFA-PM-92-1 Revision (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 25

State: North Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation(s) Condition or Requirement

1920(b)(1) of the Act \underline{X} (3) For a presumptive eligibility for pregnant women only.

> Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.

1902(e)(8) and 1905(a) of the Act

For qualified Medicare beneficiaries X b. defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--

> 12 months X

6 months

months (no less than 6 months and no more than 12 months)

ATTACHMENT 2.6-A Revision: HCFA-PM-95-1 (MB) Page 26

March 1995

Citation Condition or Requirement 1902(a)(18) 12. Pre-OBRA 93 Transfer of Resources-Categorically and 1902(f) of and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and the Act Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-Α. 1917(c) 13. Transfer of Assets - All eligibility groups The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to ATTACHMENT 2.6-A, except in instances where the agency determines that the transfer rules would work an undue hardship. 14. Treatment of Trusts - All eligibility groups 1917(d) The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts. The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts; The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts. The agency does not count the funds in a trust

in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to ATTACHMENT 2.6-A.

TN No. 95-06 Supersedes TN No. 92-01 Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

AUGUST 1991

Page 1

OMB NO.:

0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

INCOME ELIGIBILITY LEVELS

- Α. MANDATORY CATEGORICALLY NEEDY
- 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard*	Payment Standard	Maximum Payment* Amounts
1 2 3 4	\$362 \$472 \$544 \$594	The State applies ratable reduction	\$181 \$236 \$272 \$297
5	\$648		\$324

Pregnant Women and Infants under Section 1902(a)(10)(1)(IV) of 2. the Act:

Effective April 1, 1990, based an the following percent of the official Federal income poverty level for the size family involved as revised annually in The Federal Register.

____ 133 percent _X _ 185 Percent (no more than 185 percent) specify)

Family Size	Income Level
1	\$
2_	\$
3	\$
4	\$
_ 5	\$

per month

TN No. 92-01 Supersedes TN No. 90-11

State:	North	Carolina	

A.I. AFDC - Related Groups Other Than Poverty Level Pregnant Women and Infants: continued

				Maximum Payment
Family Size	Need	Standard	Payment Standard	Amounts
6	\$	698		\$349
7	\$	746		\$373
8	\$	772		\$386
9	\$	812		\$406
10	\$	860		\$430
11	\$	896		\$448
12	\$	946		\$473
13	\$	992		\$496
14	\$1	1042		\$521
Each additional	add \$	50		\$ 25

Revision: HCFA-PM-2-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

> FEBRUARY 1992 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

INCOME ELIGIBILITY LEVELS

Α. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(l0)(A)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- For children under Section 1902(a)(10 (A)(i)(VII) of the 4. Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

AUGUST 1991

Page 3

OMB No.: 0938-

Effective Date 1/1/92

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: North Carolina	STATE: North Carolina	
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INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of section 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on $\underline{185}$ percent of the official Federal income poverty level* (no less than 133 percent and no more than 185 percent) .

Family Size	Income Level
1_	\$
2	\$
3	\$
_4	\$
5	\$

* for the size family involved as revised annually in the Federal Register.

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A AUGUST 1991 Page 4 OMB No. 0938 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: North Carolina INCOME ELIGIBILITY LEVELS (Continued) В. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 2. Children Between Ages 6 and 8 The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows: Based on percent (no more than 100 percent) of the official Federal income poverty line. Family Ciro

<u>Family Size</u>	<u> Income Level</u>
	ı
	\$
_ 2	\$
_ 3	\$
_ 4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10_	\$

THIS PAGE NOT APPLICABLE AS THIS GROUP INCORPORATED INTO MANDATORY GROUPS.

Revision:	HCFA-Region	IV	SUPPLEMENT	1 TO	ATTACHMENT	2.6-A
			Page 4A			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE North Carolina

C. INCOME ELIGIBILITY LEVEL - MANDATORY GROUP OF QUALIFIED DISABLED WORKING INDIVIDUALS

The income of Qualified Disabled Working Individuals will not exceed 200 percent of the Federal Poverty Level.

The income eligibility level is 200 percent of the Federal Poverty Level.

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

FEBRUARY 1992 Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on 100% percent of the official Federal income poverty line for the size family involved as revised annually in the Federal Register.

Family Size	Income Level
1	\$
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title 11 benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following, the date of publication.

TN No. 99-02 Supersedes TN No. 92-01

Approval Date 03/01/99

Effective Date 1/1/99

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT:

	State _	North Carolina
D.	INCOME LEVELS - ME	DICALLY NEEDY (cont.)
	Family Size	Net income level Protected for maintenance
		Urban & Rural
	11 12 13 14	\$600 633 667 700
	For each additional person add:	\$ 33

Revisi	ion:		РМ-91-4 Г 1991	(E	BPD)		SUPPLEMEN Page 6 OMB No.		TTACHMENT 2 ~	2.6-A
	STATE	PLAN U	JNDER TI	TLE XIX	OF THE SO	OCIAL	SECURITY	ACT		
		State:	:N	orth Ca	arolina					
			INCOM	E ELIGI	BILITY LEV	VELS (Continue	ed)		
C.	~		EDICARE ERTY LEV		CIARIES WIT	TH INC	OMES REI	ATED T	0	
	quali	fied Me	edicare	benefic	g income el ciaries und are as foll	der th				n
1.	NON-SECTION 1902(f) STATES									
a.			e follow cty leve		cent of th	ne off	icial Fe	ederal		
	Eff. d	Jan. 1,	1989:		85 percen	t	percent	(no mo	re than	100)
	Eff.	Jan. 1,	1990:		90 percen	t	percent	(no mo	re than	100)
	Eff.	Jan. 1,	, 1991:		100 percer	nt				
	Eff.	Jan. 1,	1992.		100 percer	nt				
b.	Level	3:								
			<u>Family</u>	<u>Size</u>		Incom	e Levels	3		
			1 2				\$\$			

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STATI	E PLAN UNDER TITLE XIX OF THE SOC	IAL SECURITY ACT
	State: North Carolina	
	INCOME ELIGIBILITY LEVELS	(Continued)
D.	QUALIFIED MEDICARE BENEFICIARIES FEDERAL POVERTY LEVEL	WITH INCOMES RELATED TO
2.	SECTION 1902(f) STATES WHICH AS INCOME STANDARDS MORE RESTRICTIVE	
a.	Based on the following percent of income poverty level:	of the official Federal
Eff.	Jan. 1, 1989: 80 percent	_ percent (no more than 100)
Eff.	Jan. 1, 1990: 85 percent	percent (no more than 100)
Eff.	Jan. 1, 1991: 95 percent	percent (no more than 100)
Eff.	Jan. 1, 1992: 100 percent	
b.	Levels:	
	Family Size	Income Levels
	<u>1</u> <u>2</u>	\$ \$

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Revision: HCFA PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

AUGUST 1991

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		STA	re plan u	NDER TITLE X	IX OF THE SOCIAL	SECURITY ACT
	Stat	ce:	N	orth Carolina	a	
D.	MEDI	ICALLY	NEEDY	INCOME L	EVELS (Continued	1)
	<u>X</u>	Appli	cable to	all groups.	groups specific Excepted levels	ble to all except those ed below. d group income are also on an attached
(1)		(2		(3)	(4)	(5)
Family Size	рэ та	rotecto aintena 1 mo	ome level ed for ance for onths	Amount by who Column (2) for exceeds limit specified in CFR 435.1007	or for persons ts living in ru	which ral Column (4)
<u>X</u>	urba	an onl	У			
	urba	an & r	rural			
1	\$	242	\$	\$	\$	
2	\$	317	\$	\$	\$	
3	\$	367	\$	\$	\$	
4	\$	400	\$	\$	\$	
For e	iona n,	1	go to p			
add:	\$		\$	\$	\$	

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. .92-01 Supersedes TN No. NEW

Approval Date 10-21-92

Effective Date 1/1/92HCFA ID: 798SE

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

(1) (2) (3) (4) (5)
Family Net income level Amount by which Net income level Amount by

State: North Carolina

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

Size			ed for ance for onths	Column (2) for exceeds limits specified in 42 CFR 435.1007	for persons living in rural areas for months	which Column (4) exceeds limits specified in 42 CFR 435.1007
<u>X</u>	urk	oan onl	-У			
	urk	oan & r	rural			
5	\$	433	\$	\$	\$	
6	\$	467	\$	\$	\$	
7	\$	500	\$	\$	\$	
8	\$	525	\$	\$	\$	
9	\$	542	\$	\$	\$	
10	\$	575	\$	\$	\$	
For ea			see page	e 9a		

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. .92-01 Supersedes

Approval Date 10-21-92

add: \$ \$

Effective Date $\frac{1/1/92}{1}$ HCFA ID: 798SE

TN No. NEW

person,

State ____North Carolina

D. MEDICALLY NEEDY - continued

	Net income level protected for maintenance for month
Family Size	
11 12 13 14	\$600 \$633 \$667 \$700
each additional	\$ 33

Revision: HCFA-Region IV SUPPLEMENT 1 TO ATTACHMENT 2.6-A

August 1991 Page 9a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

INCOME LEVELS (Continued)

E. Optional Groups Other Than the Medically Needy

1. Institutionalized Individuals Under Special Income Levels as follows:

Effective Date 1/1/92

HCFA ID: 7985E

Revis	ion:	HCFA-PM-9-4 (BPD AUGUST 1991		SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1 OMB No.: 0938
	STATE	PLAN UNDER TITLE XIX	OF THE SOCI	AL SECURITY ACT
		State: North Care	olina	
		RESOURCE :	LEVELS	
A.		ORICALLY NEEDY GROUPS TY LEVEL	WITH INCOME	S RELATED TO FEDERAL
1.	Pregn	ant Women		
	a.	Mandatory Groups		
		Same as SSI res	ources level	s.
		X Less restrictive and is as follows		esource levels
		Family Size Resc	urce Level	No resource test is applied
		1		
	b.	Optional Groups		
		Same as SSI res	ources level	s.
		X Less restrictive as follows:	e than SSI re	esource levels and is
		Family Size Resc	urce Level	No resource test is applied

Revis	ion:	HCFA-PM-91- AUGUST 1991		BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 2 OMB No.: 0938
	STATE	PLAN UNDER	TITLE 2	XIX OF T	THE SOCIAL SECURITY ACT
		State:	North C	arolina	
2.	Infan	ts			
	a. <u>Ma</u>	ndatory Gro	up of I	nfants	
		Same		ırce lev	rels in the State's approved
	_X	Less follo		tive tha	n the AFDC levels and are as
	Famil	y Size	Resourc	e Level	
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				

No resource test is applied

10

	AUGUST 1991	Page 3 OMB No.: 0938
STAT	E PLAN UNDER TITLE XIX OF T	HE SOCIAL SECURITY ACT
	State: North Carolina	
b.	Optional Group of Infants	
	Same as resource lev	els in the State's approved
	X Less restrictive tha follows:	n the AFDC levels and are as
	Family Size Resc	ource Level
	1	
	3	
	4	
	5	
	6	
	8	
	9	
	10	

No resource test is applied

Revision: HCFA-PM-91-4 (BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 2 TO ATTACHMENT 2.6-A FEBRUARY 1992 Page 4

	STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
--	-------	------	-------	-------	-----	----	-----	--------	----------	-----

State:	North Carolina	

3. Children

- a. Mandatory Group of Children under Section 1902(a)(10)(A) (i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)
 - ____ Same as resource levels in the State's approved AFDC plan.
 - $\underline{\underline{X}}$ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

No resource test is applied.

Revis	ion:	HCFA-PM-92-2 MARCH .1992	(MB)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5
	STATE	PLAN UNDER TITLE	E XIX OF THE SOCI	IAL SECURITY ACT
		State: North	Carolina	
b.	(VII)	of the Act. (Ch.		cion 1902 (a)(10)(i) September 30, 1983 attained age 19.)
		Same as resource plan.	levels in the S	tate's approved AFDC
	<u>X</u>	Less restrictive follow:	than the AFDC lo	evels and are as
		Family Size	Resource Level	
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		

No resource test is applied.

10

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A AUGUST 1991 Page 6 OMB No. 0938

	STAT	PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT	
		State: North Carolina	
4.	Aged	and Disabled Individuals - Categorically Needy	
	<u>X</u>	Same as SSI resource levels.	
		More restrictive than SSI levels and are as follow	ıs:
		Family Size Resource Level	
		1	
		Same as medically needy resource levels (applicabl	6
		bame as meatearry needy resource revers (appricable	

only if State has a medically needy program

TN No. 94-36 Supersedes TN No. 92-01

Approval Date <u>5-18-95</u> Effective Date <u>1-1-95</u>

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A

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OMB No.: 0938-

STATE: PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Carolina

RESOURCE LEVELS (Continued)

В. MEDICALLY NEEDY

Applicable to AFDC Related Groups

____ Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	1500
2	2250
3	2350
4	2450
5	2550
6	2650
	2750
8	2850
9	2950
10	3050
For each additional person	0

TN No. 94-36 TN No. 92-01

Supersedes Approval Date <u>5-18-95</u> Effective Date <u>1-1-95</u>

HCFA ID: 7985E